

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Buschke et al.)	Examiner: Washburn, Douglas N.
)	
Serial No.: 10/530,797)	Confirmation No.: 4402
)	
Filing Date: September 26, 2005)	Art Unit: 2863
)	
Title: Ultrasonic Inspection Apparatus for Inspecting a Work Piece)	Docket No.: 100143.00005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

**PETITION AND FEE FOR EXTENSION
OF TIME UNDER 37 C.F.R. § 1.136(a)**

Dear Sir:

Applicant hereby requests a three-month extension of time in which to respond to the Office Action mailed March 14, 2007 to thereby extend the period for response from June 14, 2007 to September 14, 2007.

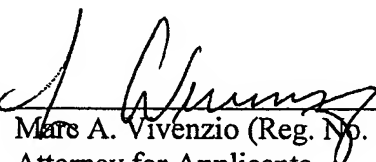
Authorization is given to charge the \$1020.00 fee for Large Entity associated with this extension of time to Deposit Account No. 50-3569. If any additional fee is required, please accept this as authorization to charge Deposit Account No. 50-3569.

04/17/2008 CKHLOK 00000007 503569 10530797

01 FC:1253 1050.00 DA

Respectfully submitted,

Date: October 16, 2007

By: 
Marc A. Vivenzio (Reg. No. 52,326)
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 04/09/08				2 Serial/Patent # 10/530,797					
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
	Filing							\$	
	Amendment							\$	
X	Extension of Time			EXT/		10/16/07		\$ 1,050.00	
	Notice of Appeal/Appeal							\$	
	Petition							\$	
	Issue							\$	
	Cert of Correction/Terminal Disc.							\$	
	Maintenance							\$	
	Assignment							\$	
	Other							\$	
				7 TOTAL AMOUNT OF REFUND				\$ 1,050.00	
				8 TO BE REFUNDED BY:					
10 REASON:				Treasury Check					
	Overpayment			X		Credit Deposit A/C #:			
	Duplicate Payment					<div style="border: 1px solid black; display: inline-block; text-align: center;"> 9 5 0 -- 3 5 6 9 </div>			
X	No Fee Due (Explanation):								
EXTENSION OF TIME FEE PAID WITH PETITION TO REVIVE, EXTENSION FEE IS UNNECESSARY.									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: April M. Wise				TITLE: Petitions Examiner					
SIGNATURE: /APRIL M. WISE/				PHONE: 571-272-1642					
OFFICE: Office of Petitions									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED:				DATE: 4/17/08					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: